

**DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION\***

As below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below at 201 et seq. beneath our names.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

**COATED MEDICAL DEVICE AND METHOD FOR MANUFACTURING THE SAME**

and for which a patent application:

is attached hereto and  
 was filed in the United States on Concurrently herewith as Application No. (for declaration not accompanying application)  
with amendment(s) filed on (if applicable)  
 was filed as PCT international Application No. on and was amended under PCT Article 19 on (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION			
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

PROVISIONAL APPLICATION NUMBER	FILING DATE

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

\* for use only when the application is assigned to a company, partnership or other organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	LAST NAME Austin	FIRST NAME Michael	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Tuam	STATE OR FOREIGN COUNTRY County Galway	COUNTRY OF CITIZENSHIP Ireland	
	POST OFFICE ADDRESS	STREET 31 Woodfield, Galway Road	CITY Tuam	STATE OR COUNTRY County Galway, Ireland	ZIP CODE
	SIGNATURE OF INVENTOR 201			DATE 1 <sup>st</sup> . DEC. 2003	
2 0 2	FULL NAME OF INVENTOR	LAST NAME Robinson	FIRST NAME Don	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Framingham	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 110 Mill Street	CITY Framingham	STATE OR COUNTRY MA	ZIP CODE 01701
	SIGNATURE OF INVENTOR 202			DATE	
2 0 3	FULL NAME OF INVENTOR	LAST NAME Boulais	FIRST NAME Dennis	MIDDLE NAME R.	
	RESIDENCE & CITIZENSHIP	CITY Danielson	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 7 Shepard Hill Road	CITY Danielson	STATE OR COUNTRY CT	ZIP CODE 06239
	SIGNATURE OF INVENTOR 203			DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME Kulkarni	FIRST NAME Praveen	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Worcester	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 10 Hackfeld Road #2	CITY Worcester	STATE OR COUNTRY MA	ZIP CODE 01609
	SIGNATURE OF INVENTOR 204			DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME Freyman	FIRST NAME Toby	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Waltham	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP 02453	
	POST OFFICE ADDRESS	STREET 200 Warren Street	CITY Waltham	STATE OR COUNTRY MA	ZIP CODE 02453
	SIGNATURE OF INVENTOR 205			DATE	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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	POST OFFICE ADDRESS	STREET 110 Mill Street	CITY Framingham	STATE OR COUNTRY MA	ZIP CODE 01701
		SIGNATURE OF INVENTOR 202			DATE <i>Don Robinson</i> 12/1/03
2 0 3	FULL NAME OF INVENTOR	LAST NAME Boulais	FIRST NAME Dennis	MIDDLE NAME R.	
	RESIDENCE & CITIZENSHIP	CITY Danielson	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 7 Shepard Hill Road	CITY Danielson	STATE OR COUNTRY CT	ZIP CODE 06239
		SIGNATURE OF INVENTOR 203			DATE
2 0 4	FULL NAME OF INVENTOR	LAST NAME Kulkarni	FIRST NAME Praveen	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Worcester	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.	
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		SIGNATURE OF INVENTOR 205			DATE

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		SIGNATURE OF INVENTOR 202			DATE
2 0 3	FULL NAME OF INVENTOR	LAST NAME Boulais	FIRST NAME Dennis	MIDDLE NAME R.	
	RESIDENCE & CITIZENSHIP	CITY Danielson	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 7 Shepard Hill Road	CITY Danielson	STATE OR COUNTRY CT	ZIP CODE 06239
		SIGNATURE OF INVENTOR 203			DATE <i>Dennis Boulais</i> 12-11-2003
2 0 4	FULL NAME OF INVENTOR	LAST NAME Kulkarni	FIRST NAME Praveen	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Worcester	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 10 Hackfeld Road #2	CITY Worcester	STATE OR COUNTRY MA	ZIP CODE 01609
		SIGNATURE OF INVENTOR 204			DATE
2 0 5	FULL NAME OF INVENTOR	LAST NAME Freyman	FIRST NAME Toby	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Waltham	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP 02453	
	POST OFFICE ADDRESS	STREET 200 Warren Street	CITY Waltham	STATE OR COUNTRY MA	ZIP CODE 02453
		SIGNATURE OF INVENTOR 205			DATE

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		SIGNATURE OF INVENTOR 202			DATE
2 0 3	FULL NAME OF INVENTOR	LAST NAME Boulais	FIRST NAME Dennis	MIDDLE NAME R.	
	RESIDENCE & CITIZENSHIP	CITY Danielson	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 7 Shepard Hill Road	CITY Danielson	STATE OR COUNTRY CT	ZIP CODE 06239
		SIGNATURE OF INVENTOR 203			DATE
2 0 4	FULL NAME OF INVENTOR	LAST NAME Kulkarni	FIRST NAME Praveen	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Worcester	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A. India	
	POST OFFICE ADDRESS	STREET 10 Hackfeld Road #7	CITY Worcester	STATE OR COUNTRY MA	ZIP CODE 01609
		SIGNATURE OF INVENTOR 204 <i>Praveen</i>			DATE Jan 07, 2004
2 0 5	FULL NAME OF INVENTOR	LAST NAME Freymann	FIRST NAME Toby	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Waltham	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP 02453	
	POST OFFICE ADDRESS	STREET 200 Warren Street	CITY Waltham	STATE OR COUNTRY MA	ZIP CODE 02453
		SIGNATURE OF INVENTOR 205			DATE

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	RESIDENCE & CITIZENSHIP	CITY Tuam	STATE OR FOREIGN COUNTRY County Galway	COUNTRY OF CITIZENSHIP Ireland	
	POST OFFICE ADDRESS	STREET 31 Woodfield, Galway Road	CITY Tuam	STATE OR COUNTRY County Galway, Ireland	ZIP CODE
	SIGNATURE OF INVENTOR 201			DATE	
2 0 2	FULL NAME OF INVENTOR	LAST NAME Robinson	FIRST NAME Don	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Framingham	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 110 Mill Street	CITY Framingham	STATE OR COUNTRY MA	ZIP CODE 01701
	SIGNATURE OF INVENTOR 202			DATE	
2 0 3	FULL NAME OF INVENTOR	LAST NAME Boulais	FIRST NAME Dennis	MIDDLE NAME R.	
	RESIDENCE & CITIZENSHIP	CITY Danielson	STATE OR FOREIGN COUNTRY CT	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 7 Shepard Hill Road	CITY Danielson	STATE OR COUNTRY CT	ZIP CODE 06239
	SIGNATURE OF INVENTOR 203			DATE	
2 0 4	FULL NAME OF INVENTOR	LAST NAME Kulkarni	FIRST NAME Praveen	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Worcester	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 10 Hackfeld Road #2	CITY Worcester	STATE OR COUNTRY MA	ZIP CODE 01609
	SIGNATURE OF INVENTOR 204			DATE	
2 0 5	FULL NAME OF INVENTOR	LAST NAME Freyman	FIRST NAME Toby	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Waltham	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP 02453	
	POST OFFICE ADDRESS	STREET 200 Warren Street	CITY Waltham	STATE OR COUNTRY MA	ZIP CODE 02453
	SIGNATURE OF INVENTOR 205			DATE 12/2/03	

2 0 6	FULL NAME OF INVENTOR	LAST NAME Epstein	FIRST NAME Samuel	MIDDLE NAME J.
	RESIDENCE & CITIZENSHIP	CITY Watertown	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	STREET 111 Galen Street, #1	CITY Watertown	STATE OR COUNTRY MA
SIGNATURE OF INVENTOR 206				DATE 12/2
2 0 7	FULL NAME OF INVENTOR	LAST NAME Naimark	FIRST NAME Wendy	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Cambridge	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	STREET 2 Ware Street #306	CITY Cambridge	STATE OR COUNTRY MA
SIGNATURE OF INVENTOR 205				DATE 12.02.03
2 0 8	FULL NAME OF INVENTOR	LAST NAME Schwartz	FIRST NAME Marlene	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Auburndale	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	STREET 161 Islington Road	CITY Auburndale	STATE OR COUNTRY MA
SIGNATURE OF INVENTOR 205				DATE

2 0 6	FULL NAME OF INVENTOR	LAST NAME Epstein	FIRST NAME Samuel	MIDDLE NAME J.	
	RESIDENCE & CITIZENSHIP	CITY Watertown	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 191 Galen Street, #1	CITY Watertown	STATE OR COUNTRY MA	ZIP CODE 02472
		SIGNATURE OF INVENTOR 205			DATE
2 0 7	FULL NAME OF INVENTOR	LAST NAME Naimark	FIRST NAME Wendy	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Cambridge	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP Canada	
	POST OFFICE ADDRESS	STREET 2 Ware Street #306	CITY Cambridge	STATE OR COUNTRY MA	ZIP CODE 02138
		SIGNATURE OF INVENTOR 205			DATE
2 0 8	FULL NAME OF INVENTOR	LAST NAME Schwarz	FIRST NAME Marlene	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Auburndale	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENSHIP U.S.A.	
	POST OFFICE ADDRESS	STREET 161 Islington Road	CITY Auburndale	STATE OR COUNTRY MA	ZIP CODE 02466
		SIGNATURE OF INVENTOR 205 <i>Marlene Schwarz</i>			DATE 2-13-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: <i>Austin et al.</i>	Confirmation No.: TBA
Serial No.: To be assigned	Art Unit: TBA
Filed: Concurrently herewith	Examiner: TBA
For: COATED MEDICAL DEVICE AND METHOD FOR MANUFACTURING THE SAME	Attorney Docket No.: 10177-095-999 CAM # 008563-999093

**REVOCATION AND POWER OF ATTORNEY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

SciMed Life Systems, Inc. (applicant or assignee) hereby revokes any and all previous powers and appoints:

Practitioners at Customer Number 20583

as his/her/its/their attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence address for the above-identified application to:

The above mentioned Customer Number.

Firm or Individual Name:

Address: Jones Day, 222 East 41st Street, New York, New York 10017

Telephone: (212) 790-2803

I am the:

Applicant/Inventor  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
(Statement under 37 CFR 3.73(b) is applicable)

**Statement Under 37 C.F.R. 3.73(b)**

SciMed Life Systems, Inc. states that it is:

the assignee of the entire right, title, and interest; or  
 an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is %

in the patent application/patent identified above by virtue of either:

An assignment from the inventor(s) of the patent application/patent identified above.  
The assignment was recorded in the United States Patent and Trademark Office on  
at Reel , Frame , or for which a copy thereof is attached.

OR

A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: To:

The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

2. From: To:

The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

3. From: To:

The document was recorded in the United States Patent and Trademark Office on at Reel , Frame , or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

ASSIGNEE: SciMed Life Systems, Inc.

Date:

3/5/04

Signature:

Typed Name:

Scott T. Bluni,

Position/Title:

Assistant Secretary

SciMed Life Systems, Inc.

One Scimed Place

Maple Grove, MN 55311-1566

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

Total of forms are submitted.